



## Medical PA Criteria Proposal

Medical Procedure Class:	<b>DME Ultrasonic Osteogenesis Stimulator (E0760 NU)</b>	
Date:	<b>February 19, 2008</b>	
Prepared for:	<b>MO HealthNet</b>	
Prepared by:	<b>ACS-Heritage Information Systems, Inc.</b>	

☒ **New Criteria**

☐ **Revision of Existing Criteria**

### Executive Summary

<b>Purpose:</b>	To allow a more consistent and streamlined process for authorization of Ultrasonic Osteogenesis Stimulator.
<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs the MO HealthNet Division to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
<b>Procedures subject to Pre-Certification</b>	E0760 NU

### Setting & Population

- Procedure Group for review: E0760 NU
- Age range: All MO HealthNet fee-for-service patients

### Approval Criteria

- Prescribing and requesting physician is an orthopedic surgeon or a podiatrist board certified in podiatric surgery; and
- Claim history absent dispensing of E0760; and

- Patient has one of the following diagnoses codes: 807.00-807.3; 808.0-808.9; 810.00-816.13; 820.00-826.1; and
- Fracture is a non-union fracture; and
- The nonunion is radiographically and clinically documented by a minimum of 2 sets of radiographs obtained prior to starting treatment with the Ultrasonic Osteogenesis Stimulator, separated by a minimum of 90 days. Each radiograph set must include multiple views of the fracture site accompanied with a written interpretation by a physician stating that there has been no clinically significant evidence of fracture healing between the 2 sets of radiographs; and
- The radiologic documentation must indicate skeletal maturity based on epiphysial closure has been attained; and
- The medical record documents a consultation and written recommendation from an orthopedic surgeon or a podiatrist board certified in podiatric surgery which supports the Ultrasonic Osteogenesis Stimulator as an appropriate treatment for the patient's non-union fracture.

#### **Approval Diagnosis Codes:**

<b>Submitted ICD-9 Diagnoses</b>	<b>Date Range</b>	<b>Client Approval (Initials)</b>
807.00-807.3	2 Years	
808.0-808.9	2 Years	
810.00-816.13	2 Years	
820.00-826.1	2 Years	

#### **Denial Criteria**

- Prescribing and requesting physician is not an orthopedic surgeon or a podiatrist board certified in podiatric surgery;
- Previous history of Ultrasonic Osteogenesis Stimulator purchase;
- One of the following diagnoses is not met: 807.00-807.30; 808.00-808.90; 810.00-816.30; 820.00-826.10;
- Fracture is not a non-union;

- Fracture is tumor related;
- The medical record does not document two sets of radiographs obtained prior to starting treatment with the Ultrasonic Osteogenesis Stimulator, or the radiographs fail to include multiple views of the fracture site;
- The two sets of radiographs are not separated by at least 90 days;
- The medical record fails to document a written interpretation by the physician stating there has been no clinically significant evidence of fracture healing between the 2 sets of radiographs;
- Radiological documentation fails to indicate skeletal maturity based on epiphysal closure has been attained;
- The medical record does not document consultation and written recommendation from an orthopedic surgeon or a podiatrist board certified in podiatric surgery supporting the use of an Ultrasonic Osteogenesis Stimulator for treatment of the patient's non-union fracture.

### Approval Period

E0760NU: 3 months